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Putting Kids First in Boone County

# **Children's Mental Health Services Assessment**

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Prepared for:

Putting Kids First in Boone County  
Steering Committee

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# Executive Summary

Putting Kids First in Boone County Steering Committee is a multi-agency initiative seeking to determine if there is a need for expanding children's mental health services. In 2010, mental health agencies served 17,759 individual children, youth and families but 934 were turned away from services. In addition to the number of people turned away, there were long waiting periods to receive services and programs that were soon to lose funding. When considering these factors, the data show a need for service expansion and a cost of \$3,935,071 per year associated with filling the measurable gaps in service. Though agencies will continue to provide mental health care to children and families in need, this assessment shows available services are not able to meet all the needs in Boone County.

Using the existing public data provided by state and local datasets and the data from provider surveys, this assessment looks at children's mental health services in ten service categories, which are identified below. Each service category is assessed by trends in the community, an explanation of services, number of children reached, number of children turned away and other identified gaps in services as well as the cost to fill those gaps. The approximated costs to fill the gaps in services are conservative as they do not include estimations based on the secondary data provided by state and local datasets.

*Temporary shelters* provide a safe place to live and support services for up to 30 days to children and adolescents who need a safe place to stay. These adolescents tend to be runaways, come from abusive homes and/or have juvenile records. Trends in runaway and domestic violence cases have seen minor fluctuation in Boone County over the last four years. However, domestic violence and delinquency cases continue to be more of a problem in Boone County when data are compared to state trends. In 2010, Rainbow House, True North of Columbia and 13th Circuit Family Court provided temporary shelter to 483 unaccompanied children and youth, children of women who were victims of domestic violence or sexual assault, and youth in the juvenile justice system. Sixty-four children/youth were turned away from these temporary shelter services in the same year. Using the cost of service and the number of people turned away, it will cost approximately \$236,576 to fill the gaps and reach those who requested temporary shelter in 2010 but were unable to receive it.

*Respite* services provide a short term safe shelter for children and youth who are at risk of abuse or neglect while the family is experiencing crisis. The data show upwards of 1,815 children suspected to be at risk of abuse and neglect, therefore likely benefactors of respite services. In addition, the high divorce rate, increase child poverty and increased unemployment demonstrate a continued need for respite care for families. Nearly 100 children ages birth to 19 years of age received respite services in 2010 from Rainbow House and Coyote Hill Christian Children's Home but at least 20 children were turned away from services. Using the cost of service and the number of people turned away, it will cost approximately \$93,600 to reach those who requested services in 2010 but were unable to receive it.

*Services to teen and unwed parents* include a variety of services such as affordable health care, academic achievement, job placement, affordable childcare, counseling and developing life/parenting skills. Overall, Boone County trends relating to teenage pregnancy remain stable

but there continues to be a demand for services to unwed and teenage parents. Though the trends are not getting worse, they are not getting better. Lutheran Family and Children's Services, First Chance for Children and the Columbia/Boone County Public Health and Human Services Department reached 3,499 teen parents and their children in 2010. In 2010, 138 parents and their children were turned away from these vital services. Other agencies know that these services are often full and therefore do not refer young parents to these programs. Not all agencies were able to provide information about costs of service. To serve those turned away from agencies that could provide cost of service information, it will cost approximately \$155,112 to reach those who requested but did not receive services in 2010.

*Outpatient substance abuse treatment* provides adolescents with substance use disorders with counseling and treatment services. Boone County adolescents appear to be more likely to develop substance abuse problems than students across the state. When compared to the student population in Missouri, Boone County students report more use in the past 30 days, tend not to feel substance use is "bad" and perceive less harm for trying marijuana and alcohol. These data and other nationally applied data estimate 1,218 to 1,618 young people likely in need of substance abuse treatment. Preferred Family Healthcare, Pathways Community Behavioral Healthcare, Phoenix Programs, and Burrell Behavioral Health provided outpatient substance abuse treatment for 429 adolescents in 2010. In 2010, there were 20 adolescents who had to be turned away from services and wait times between requests for service and first appointment were three months. Under the parameters of this assessment, it will cost approximately \$261,415 to reach those who were turned away in 2010 and sustain staff for projects that are set to run out of grant dollars.

*Outpatient psychiatric* services provide an opportunity for young people to receive medical evaluation and treatment for psychiatric disorders. Access to psychiatric services can be thwarted by inadequate healthcare coverage. There are thousands of children who lack health insurance and recent unemployment rates have put more children at risk of not getting the psychiatric attention needed. Local data severely underestimates the number of children in need of psychiatric services. Burrell Behavioral Health, Family Health Center, Children's Foundation of Mid America and University of Missouri Psychiatric Center are fully equipped to provide outpatient psychiatric services. In 2010, these agencies were able to serve 4,390 adolescents. Though none of these programs turn children away, some agencies expressed concern over the time a client must wait to receive treatment. In some cases, children go two months before receiving medication. To hire additional staff to address the wait time it will cost approximately \$477,250.

*Transitional living* services provide a supportive living environment for older youth who are soon to be adults. Teen homelessness is on the rise in Boone County and children continue to age out of foster care. These are the young adults needing the support of transitional living services. Rainbow House and Boys and Girls Town provided shelter, case management, personal development, mental health and other support services to 43 youth in 2010. In that same year, 65 youth were turned away from transitional living services. To serve those that were turned away it will cost approximately \$1,145,200.

*Crisis intervention* is designed to provide immediate, short-term support to children and families experiencing an event that provokes emotional, mental, behavioral, or physical distress

and results in risk of harm. Burrell Behavioral Health, 13<sup>th</sup> Circuit Family Court, and the Family Health Center provided crisis intervention for 2,718 adolescents and their parents. The cost identified to expand school based crisis intervention to meet more of the demand is approximately \$60,000.

*School-Based Prevention* programs are vital for positive adolescent development and preventing risky behavior. These prevention programs teach the skills that allow students to make good decisions, overcome obstacles and have a positive outlook on life. Local trends in teen pregnancy, substance use and dropout rates show a need for school-based prevention service. Big Brothers Big Sisters, Adventure Club, and Burrell Behavioral Health are three agencies that provide school-based prevention services for school aged children in Boone County. Upwards of 1,671 students were reached in 2010. There were 245 children and youth unable to receive services at the time of request and the cost to fill this gap is approximately \$732,494.

*Home-based and school-based intervention* programs offer timely intensive services to families with children suffering from serious emotion disturbances (SED). The interventions work to keep children with their families, prevent out of home placement in residential facilities or foster care and unnecessary hospitalization. The 13<sup>th</sup> Circuit Family Court and Burrell Behavioral Health provided 2,610 youth and families with intervention services in 2010. In the same year, 25 adolescents were turned away. To reach these students it will cost \$351,000.

*Individual, group and family counseling* services help reestablish healthy relationships, cope with trauma and work through stressful circumstances. Counseling services are provided by nine agencies and serve homeless teens, children with mental health and behavioral problems, youth under jurisdiction of the Juvenile Court, sibling groups, youth in out-of-home care and families involved in custody battles. In 2010, 1,819 children and families were provided with counseling support through these agencies. There were 357 children and families unable to receive counseling services in 2010. Additionally, many agencies are concerned about the wait time which is a minimum of three months. One agency notices that children who do not have insurance or MC+ are less likely to surface for an appointment if there is paper work and a waiting period involved. To serve these children that were turned away and expand programs to address the wait time, it will cost approximately \$235,040.

Given the limitations of current resources, existing children's mental health services are unable to serve all the children, youth and families that need help. There is clearly a need for service expansion and it will cost approximately \$3,935,071 per year to serve those who were turned away from services in 2010, sustain programs that are set to lose funding and expand programs in order to decrease the waiting periods for services.

# Introduction

Mental health service agencies depend heavily on federal and state funding. The significant federal and state funding cuts put a large burden on agencies, and mental health services at risk of serious reduction or closure. The loss of the primary funding source has transferred the enormous funding responsibilities to private sectors and individual contribution. The economic recession makes these funding sources unstable. In order to provide sufficient mental health services to children and adolescents in Boone County, a steering committee has been charged with looking into alternative methods for securing financial resources.

Putting Kids First in Boone County Steering Committee is a multi-agency initiative seeking to determine if there is a need for an expansion of children's mental health services and, if so, thoughtfully craft a referendum for a children's mental health tax. Under the Missouri state statute, 210.860 RSMo, services eligible for funding should a community referendum pass are:

1. Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth
2. Respite care services
3. Services to unwed teenage mothers
4. Outpatient chemical dependency treatment
5. Outpatient psychiatric treatment
6. Transitional living program services
7. Crisis intervention services
8. School-based prevention programs
9. Home-based and school-based family intervention programs
10. Individual, group or family counseling and therapy services

Modeling strategies from previous initiatives<sup>1</sup> that established a children's mental health tax, this children's mental health services assessment determines the need for and availability of mental health services for children in Boone County. This Assessment has been prepared for the Putting Kids First in Boone County Steering Committee by an external evaluator from the University of Missouri. The assessment provides objective, data driven analysis to assist the Putting Kids First Steering Committee in determining the need for and cost of service expansion.

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<sup>1</sup> St. Charles County, St. Louis County, and Franklin County, Missouri



# Methodology

To complete the children's mental health services assessment the external evaluator worked with the steering committee to complete a four phase plan: 1) recruitment, 2) provider survey distribution, 3) follow-up, 4) and data assessment. The report was initially drafted by the evaluator using information provided through provider surveys and data from existing public datasets to determine the scope of need and availability of mental health services in each service category. The Steering Committee approved the final report and organized dissemination.

## Recruitment

Agencies in Boone County that provide eligible services under the Missouri state statute 210.860, RSMo were identified by the Steering Committee. A meeting was held to introduce the Putting Kids First in Boone County project and to generate an agency contact list through registration. At the meeting the Steering Committee introduced the project, the external evaluator discussed the methodology, and service providers were able to ask questions. The Steering Committee was able to recruit 48 representatives from 38 agencies.

## Distribution

Online surveys were sent to 48 service provider representatives, 22 responded and only two of those were discarded due to insufficient data. See APPENDIX A for a complete list of agencies that participated in the needs assessment. Additional providers were identified through the data collection process and contacted by members of the steering committee.

## Follow-Up

Providers were given two weeks to complete the survey before receiving follow-up calls and emails from members of the steering committee. During follow-up calls surveys were made available in an electronic Word document so they could be completed through word processors or completed on paper.

## Data Assessment

Two types of data collection were used to determine the scope of need and availability of mental health services: 1) primary data collection, from the provider survey and 2) secondary data collection, from existing and publicly available data. All data were collected by the external evaluator and organized by the service categories outlined in 210.860, RSMo. The provider survey tool was designed to establish the number of children being served by the mental health services available in Boone County, identify service strengths, gaps, and cost to fill those gaps as well as identify threats to funding. The complete tool can be reviewed in APPENDIX B and the data collection plan can be reviewed in Appendix C. The most current local data available to the public were used to establish the potential scope of need for services in Boone County and played a secondary role in determining gaps in children's mental health services. For this report, it is important to note that information collected through state and local datasets and made available to the public (secondary data) provides valuable insight into the context of the situation

and establishes potential scope of the need. Within the limitations of these data, one can infer the unmet need outside of those individuals who were turned away or put on a waiting list. This assessment, however, finds that the existing public data does not consistently correlate with actual need. Therefore, this data is used only to establish the context of the mental health issues, not in calculating the cost of filling gaps in services.

## **Children's Mental Health Services Assessment**

The following assessment is designed to establish the current need and availability of services for each of the services areas outlined by the Missouri state statute 210.860, RSMo. When possible, secondary data are used to establish the context of need for services in Boone County. Using the provider survey, this assessment reports the strengths of services provided in each category, the number of people reached by each program in 2010, and any unique features described by service providers in the survey. Gaps in services were determined by the number of people identified by providers as being turned away, put on a waiting list or unable to receive services at the time of request for any reason. Finally, the costs associated with reaching those who were turned away in 2010 are calculated using the cost information provided through the survey. The combined primary and secondary data provide a well-rounded assessment of children's mental health services.

## **Temporary Shelter**

Temporary shelters provide a bed and support services for up to 30 days to children and adolescents who need a safe place to stay. Many children and adolescents staying in temporary shelters are abused, neglected, runaways, homeless or emotionally disturbed and need an immediate, short term place to sleep. Because these young people often come from difficult circumstances, temporary shelters also provide supportive services such as counseling, case management, life skills building classes and provisions for basic needs. There are three temporary shelters in Boone County that serve this population. This section uses existing public data and data collected from provider surveys to establish the need and availability of temporary shelters in Boone County.

### **Boone County's Need for Temporary Shelter Services**

According to the most recent Missouri State Highway Patrol Missing Persons Statistics, the number of active missing juveniles in Missouri has marginally decreased while Boone County statistics remain consistent. There are just over 200 reported missing juveniles each year in Boone County (Table 1).

Table 1: Number of Active Missing Juveniles				
	2007	2008	2009	2010
<b>Missouri</b>	8,701	8,285	7,002	6,706
<b>Boone County</b>	211	221	200	213
Source: Missouri State Highway Patrol, Missing Persons Statistics				

When a child leaves his or her house without the parent's knowledge and the parent calls the police to report a runaway child, these reports are known as status offense referrals. Table 2 shows a fluctuating, but overall decrease in the number of runaway youth referrals to juvenile court. In 2010, there were 143 children/youth reported as runaways.

Table 2: Total Referrals on Minors for Juvenile Status Offenses: Runaways					
	2006	2007	2008	2009	2010
<b>Boone County</b>	278	134	138	148	143
Source: State of Missouri 13 <sup>th</sup> Judicial Circuit					

Status offenses refer to actions that are illegal for children (not adults). The offense categories include: (1) behavior injurious to self or others, (2) behavior beyond parental control, (3) runaway, (4) truancy, (5) curfew and (6) violation of supervision. When children and youth are left without provision of a stable support system they are more likely to resort to illegal activity for survival. Referral rates for juvenile status offenses reflect the number of referrals to juvenile court for acts that would be violations of the Missouri Criminal Code if committed by adults. Historically, Boone County has a higher rate of referrals to juvenile court than the state as a whole (Table 3). Not only does Boone County have a higher referral rate than the state of Missouri, but juvenile arrests make up a larger percentage (20%) of all arrests in Boone County when compared to the state (Table 4). Though delinquency statistics have a higher prevalence in Boone County than in the state, there has been a steady decrease in the number of referrals to the 13<sup>th</sup> Judicial Court with 2,336 referrals coming from Boone County in 2010 (Table 5). These numbers include those referred as runaways.

Table 3: Referrals on Minors for Juvenile Status Offenses, rate per 1,000					
	2003	2004	2005	2006	2007
<b>Boone County</b>	93.3	87.6	96.5	93.7	85.7
<b>Missouri</b>	59.8	61.4	59	58.6	55.6
Source: Missouri Kids Count Data Center					

**Table 4: Juvenile Arrests as Percent of Total Arrests**

	2006	2007	2008	2009	2010
<b>Boone County</b>	20.45%	20.60%	22.07%	21.13%	20.29%
<b>Missouri</b>	13.22%	12.24%	13.76%	13.18%	12.63%

Source: Missouri State Highway Patrol: Uniform Crime Reporting Program

**Table 5: Total Referrals on Minors for Juvenile Status Offenses**

	2006	2007	2008	2009	2010
<b>Boone County</b>	3,052	2,983	2,754	2,560	2,336

Source: State of Missouri 13<sup>th</sup> Judicial Circuit

Boone County's domestic violence rate is higher than the domestic violence rate in Missouri (Table 6). Local data show over 1,000 reports of domestic violence each year to the Boone County Sheriff's Office or the Columbia Domestic Violence Enforcement Unit (DOVE). In 2010, the Sheriff's office logged 619 reports and made 196 arrests. The Columbia DOVE Unit logged 600 reports in 2010 and made 395 arrests (Table 7). Domestic Violence most often happens between individuals who live together, are married, or who have children in common (Missouri State Highway Patrol). Of the 1,219 reports of domestic violence made in 2010 (83% of victims are female), 217 report children present. This under-represents the number of children of women who are victims of domestic violence because it is not a uniformly collected measure, not all law enforcement units in Boone County were able to report numbers for this report and not all domestic violence cases get reported.

**Table 6: Domestic Violence Rates per 100,000**

	2005	2006	2007	2008	2009
<b>Boone County</b>	905.4	870.0	837.5	727.1	867.5
<b>Missouri</b>	679.7	703.0	640.4	641.6	651

Source: Missouri State Highway Patrol: Statistical Analysis Center, Crime in Missouri Reports

**Table 7: Domestic Violence Cases for Boone County Sheriff's Office and Columbia DOVE**

	2008	2009	2010
<b>Total Reports</b>	1,046	1,213	1,219
<b>Total Arrests</b>	356	569	591

Source: Boone County Sheriff's Office and Columbia DOVE Unit

To put the need for temporary shelters into context, trends in runaway and domestic violence cases have seen minor fluctuation in Boone County over the last four years. However, domestic violence and delinquency cases continue to be more of a problem in Boone County when data are compared to state trends. Though not all young people who commit a juvenile

offence are in need of temporary shelter, a portion of the 2,336 juvenile offenders (143 are classified runaways) likely needed temporary shelter services in 2010. In addition, children involved in the 217 reported cases of domestic violence also needed services from one of Boone County's temporary shelters. Understanding that this data does not directly reflect actual need for temporary shelter services, the 2,336 juvenile offenders and 217 households that had children present during a domestic violence episode demonstrate the potential scope of need for such services.

### **Strengths of Temporary Shelter Services in Boone County**

There are three agencies included in this assessment that provide temporary shelter services for children and youth in Boone County. These temporary safe havens provided services in 2010 for approximately 483 unaccompanied children and youth, children of women who were victims of domestic violence or sexual assault, and youth in the juvenile justice system. In addition to the range of children and youth served, these agencies also provide a variety of support services implemented by licensed and professional staff.

Rainbow House offers a variety of services to children/youth newborn through age 21 through the Children's Emergency Shelter Program and the Homeless Youth Program. Rainbow House served 118 children/youth through shelter services in 2010. Staff include licensed social workers, one medical doctor and professionals who specialize in the area of homelessness and child abuse and neglect. The expansion of the Youth Homeless Shelter, "Sol House," is a major accomplishment for addressing teen homelessness in Boone County.

<b>Rainbow House: Children's Emergency Shelter and Youth Homeless Shelter</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children, birth to 18 years of age, referred by children's division and parent or guardian.	Temporary shelter, therapy with child and/or family, medical and psychosocial assessments and, for teens, the above plus case management, mentoring, life skills classes, linkage to educational and employment training and programs and, when necessary, linkage to substance abuse assessment and/or treatment.	118

True North Children's Program offers emergency shelter for children of women who are victims of domestic violence or sexual assault. The children residing in the emergency shelter receive services for basic needs as well as counseling and tutoring as needed. True North served 120-150 children/youth in 2010. The Children's Program has a highly trained coordinator as well as volunteer staff who provide childcare and supervise group activities. The group program for children focuses on nonviolent problem solving and group living. Children have a "Program Coordinator" who interacts in individual sessions and group sessions with both children and parent to tailor services to individual needs.

<b>True North of Columbia: Children's Program</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children of women who are victims of domestic violence or sexual assault who reside in the emergency shelter and are secondary victims of domestic violence or sexual assault (and sometimes primary victims as well).	Emergency housing, children's advocacy with schools and other institutions, connection with community resources for children (counseling, childcare, healthcare), emergency clothing, school supplies, individual sessions and group sessions for children, parenting group and individual sessions, on-site tutoring by volunteers, field trips, volunteer childcare/play sessions, seasonal celebrations for resident children, connection to resources for medicine or medical equipment according to need, transportation, any other unmet needs for children while residents at the shelter, and provision of alternative housing (local motel) if shelter is full.	120-150

The 13<sup>th</sup> Circuit Family Court houses youth in the justice system at the Juvenile Justice Center (JJC) for up to seven days in shelter services and it takes an average of 30 days for JJC placement. The center provided shelter for 215 youth in 2010 and partnered with other shelters when necessary. Staff are dedicated to making sure that services provided by the agency provide a positive experience for the child.

<b>13<sup>th</sup> Circuit Family Court: Temporary Shelter</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Youth under the jurisdiction of the Family Court.	Provide shelter at the Robert L. Perry Juvenile Justice Center and shelter care through Rainbow House or Coyote Hill Christian Children's Home as deemed necessary.	5 for shelter care and 210 at JJC from Boone and Callaway County

These temporary shelters also find people needing services outside the scope of the shelter but are able to refer and network resources with other community agencies. Agencies report most often referring people to utility assistance programs, the Food Bank, services that help secure furniture or clothing for children, job training programs, psychological medications or inpatient services, substance abuse treatment, health care providers, counseling for children and mental health services. These referral services offer children and youth the additional support needed to establish a sense a security.

## **Gap in Temporary Shelter Services in Boone County**

The gap in temporary shelter services is demonstrated through the number of children turned away and the additional unmet needs identified by providers. In 2010, 64 children/youth were turned away from these temporary shelter services. Providers were asked to identify additional unmet needs of the populations they serve. At least 10 of the 34 turned away from Rainbow House had a mental illness and they do not have the licensed staff to provide the care the children need. Burrell Behavioral Health, a mental health care provider to adolescents in Boone County, said they had at least 20 adolescents who needed temporary shelter but because of their mental health status, Burrell Behavioral Health staff could not obtain referrals for these children to a temporary shelter. Multiple agencies also identified a lack of housing resources for pregnant teens and teen parents in Boone County and throughout the region. These children turned away and the additional unmet needs identified by service providers represent the need for service expansion.

### **Cost to Fill the Gap**

In order to fill the gap and serve the 64 children/youth turned away from temporary shelter and supportive services it will, at a minimum, cost approximately \$236,576 (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF SERVICE) X (COST PER UNIT OF SERVICE). This only includes service delivery costs and does not include the cost of employing a licensed mental health professional and establishing an appropriate environment at Rainbow House to serve the children with mental illness.

## **Respite Care Services**

Respite services provide a safe shelter for children and youth who are at risk of abuse or neglect while the family is experiencing crisis. Some families may have a child with a severe behavioral problem and the single parent needs a break to focus on the other child. In other families, the parent-child relationship may be so bad that when fights erupt the children need to be removed until tension can be relived. In both cases, respite services work as a temporary solution. Two agencies that care for children when their home life is in upheaval include Rainbow House and Coyote Hill Christian Children's Home. These agencies devote supportive resources to children and work to reestablish a stable home environment. This section uses existing public data and data collected from provider surveys to establish the need and availability of respite care services in Boone County.

### **Boone County's Need for Respite Care Services**

The Missouri Department of Social Services Children's Division takes hotline calls for reports of abuse and neglect and disperses cases to local offices. Most recent data publicly available for Boone County show 1,281 incidents of reported child abuse and neglect in 2010 representing 1,815 children (Table 8). Of the 1,281 reports, 57 were substantiated (involving 73 children) physical abuse cases (33%), neglect cases (33%) and sexual maltreatment cases (37%).

Of the 1,281 incidents, 643 families (involving 918 children) were assigned for further family assessment, 93 (involving 145 children) of whom needed services (Table 9). This most recent data shows a recent spike in the number of reports made through the hotline and subsequent number of families assigned for assessment.

<b>Table 8: Reported Incidents of Child Abuse or Neglect in Boone County</b>					
TOTAL Number of Reported Incidents					
2005	2006	2007	2008	2009	2010
1,008	1,114	1,204	1,144	1,054	1,218
TOTAL Number of Children Involved in Reported Incidents					
2005	2006	2007	2008	2009	2010
1,458	1,605	1,702	1,636	1,458	1,815
Source: Department of Social Services, Missouri Child Abuse and Neglect Annual Reports					

<b>Table 9: Family Assessment Referrals in Boone County</b>					
Number of Family Assessment Referrals					
2005	2006	2007	2008	2009	2010
626	606	577	557	497	643
Number of Children Involved in Family Assessments					
2005	2006	2007	2008	2009	2010
909	890	815	791	710	918
Source: Missouri Department of Social Services, Missouri Child Abuse and Neglect Annual Reports					

There are several risk factors contributing to family instability, which in turn increases risk of child abuse and neglect. The risk factors showing negative trends in Boone County include:

- A high divorce rate: 54.8% of parents were paying child support in the state system (up from 50.8% in 2005)
- Child poverty: 17.8% of the child population living in poverty in 2009 (up from 12.1% in 2005)
- Unemployment: Adult unemployment rate was 6.3 in 2009 (up from 3.5 in 2005)

In summary, there is an increase in the number of hotline calls and a recent spike in the number of families referred for further assessment. The data show upwards of 1,815 children suspected to be at risk of abuse and neglect, therefore likely benefactors of respite services. In addition, these risk factors demonstrate a continued need for respite care for families experiencing periods of turmoil.



## Strengths in Respite Care Services in Boone County

According to the Missouri Kids Count, the rate of out-of-home placements went down between 2005 and 2009. When respite care services and additional supportive services work, children are placed safely back in their home. Boone County has two respite care providers that protect the children and alleviate pressure on a family in turmoil. Nearly 100 children ages birth to 19 years of age received respite services in 2010 from Rainbow House and Coyote Hill Christian Children's Home. These services include temporary shelter, provisions for basic and mental wellbeing and healthy activities.

Rainbow House focuses on children and families in need from the general community and specializes in homelessness and child abuse and neglect. The program is staffed with licensed social workers, one medical doctor and professionals who provide 12 days of crisis care wherein they assist families who are dealing with a crisis. In addition, Rainbow House offers 8 week parenting classes to address the intergenerational cycle of abuse. The Rainbow House respite care services reached 94 children and teens in 2010.

Rainbow House: Respite Care Services		
Target Population	Services Provided	Number Reached in 2010
Children referred by parent/guardian when the parent is in crisis or unable to manage the day-to-day responsibilities of parenthood because of stressful situations.	Safe, temporary shelter, basic needs, transportation to school and appointments, medical and psychosocial assessment, therapy, linkage to other support services.	94

Coyote Hill Christian Children's Home specializes in serving children in out-of-home placement providing them with long-term housing and individualized services that support wellbeing. When needed, Coyote Hill Christian Children's Home does provide respite care and in 2010 they supported three children through respite services. Children who stay in Coyote Hill can be linked to counseling services as needed.

Coyote Hill Christian Children's Home: Respite Care Services		
Target Population	Services Provided	Number Reached in 2010
Ages 3-19; children in out-of-home placement (i.e. foster care, residential care).	Safe, temporary shelter; basic needs; daily activities; transportation to school and other appointments.	3

Rainbow House and Coyote Hill Christian Children's Home provide a safe place for children and youth who are at risk of abuse or neglect while the family is experiencing crisis. While these agencies have positive impacts on children and their families, the risk factors suggest a continued need for respite care and collaborative services.

These respite care providers also find people needing services outside the scope of the agency and are able to utilize established referral networks with community agencies. Rainbow House and Coyote Hill Christian Children's Home often refer consumers to psychological services for medications or inpatient services, substance abuse treatment, health care providers, counseling for children, mental health services, and recreational activities. These referral services offer children in need additional support that could not be received through temporary shelter services.

### **Gap in Respite Care Services in Boone County**

The gap in respite care services is demonstrated through the number of children turned away and the additional unmet needs identified by providers. Rainbow House had to turn away 20 children from respite services, 15 due to lack of space and 5 who had severe behavior or mental health issues. Coyote Hill Christian Children's Home had to turn away "many" children due to lack of capacity. These providers see additional needs for transitional housing services for homeless youth and teen moms than what the community currently has to offer. Burrell Behavioral Health had respite services from 2002 to 2007 providing scheduled and unscheduled respite care for up to five days. Because of funding, the service had to be cut. Though this service has not been provided since 2007, families continue request it. Roughly 20 families requested respite care from Burrell Behavioral Health in 2010. These children turned away and the additional unmet needs identified by service providers represent the need for service expansion.

### **Cost to Fill the Gap in Respite Care Services**

To fill the gap and offer respite services to the 20 children through Rainbow House will, at a minimum, cost approximately \$93,600 (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF SERVICE) X (COST PER UNIT OF SERVICE). This cost only includes service delivery costs and does not account for the dollars required to hire a staff person who has the appropriate license to care for severely mentally ill children.

### **Services to Unwed and Teen Mothers/Fathers**

The array of challenges faced by single and young parents create a need for a variety of services such as affordable health care, academic achievement, job placement, affordable childcare, counseling and developing life/parenting skills. There are four agencies described below providing a wide range of services to unwed and teen mothers/teen fathers in need. This

section uses existing public data and data collected from provider surveys to establish the need and availability of services to unwed and teen parents in Boone County.

### Boone County's Need for Service to Unwed and Teen Mothers/Fathers

There has been little to no change in the rate of live births to teens in Boone County and the rate is significantly lower than Missouri's rate (Table 10). There was an average of 165 live births to teens per year between 2005 and 2008. Because teen mothers are more likely to give birth to a low weight baby, this measure is used in assessing teen pregnancy. The percent of infants with low birth weights has fluctuated. In 2009 there were 162 infants born with low birth weights (Table 11). Babies born to teen moms are also more likely to die in the first year when compared to babies born to older women. Infant mortality rates show a recent marginal decrease though historically it has fluctuated from year to year (Table 12).

**Table 10: Rate of Live Births to Teens, Ages 15-19 per 100**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009*</b>
Boone County	20.7	24.7	24.5	24.2	21.7
Missouri	42.4	45.6	45.7	45.4	41.6

Source: Kids Count, \*Missouri Kids Count

**Table 11: Low Birth Weight Rates per 100**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Boone County	8.5 (166)	6.9 (142)	6.3 (134)	7.7 (158)	7.6 (162)
MO	8.1 (6,368)	8.1 (6,579)	7.9 (6,456)	8.1 (6,585)	8.1 (6,402)

Source: Missouri Information Community Assessment

**Table 12: Infant Mortality (Rate per 1,000 live births)**

	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Boone County	7.5 (68)	6.8 (63)	6.8 (65)	7.2 (72)	6.2 (63)
MO	7.7 (2,928)	7.7 (2,969)	7.7 (3,013)	7.5 (2,982)	7.4 (2,966)

Source: Kids Count : Data were aggregated over five-year periods in order to provide more stable rates. The year listed is the middle year of the five-year period. For example, 2006 indicates 2004-2008.

Single and young parents face greater challenges regarding health, education, employment, housing and social connectedness than married and older parents. Overall Boone County trends relating to teenage pregnancy remain stable but there continues to be a demand for services to unwed and teenage parents. Though the trends are not getting worse, they are not getting better. Most recent data show over 3,000 infants, along with their young parents, demonstrating risk factors that suggest a need for the services described in this section.

## Strengths of Services to Unwed Mothers and Teen Mothers in Boone County

Unwed and teen mothers have a variety of support service options in Missouri. Lutheran Family and Children's Services, First Chance for Children and the Columbia/Boone County Public Health and Human Services Department reached 3,499 teen parents and their children in 2010, providing case management, mentoring, home visits, life and parenting skill development and safety materials.

Lutheran Family and Children's Services has the flexibility to spend as much or as little time with clients depending on their needs at the time. They also utilize local funding to bring in additional funding to enhance or increase services. Social workers and professional staff provided counseling, support, case management, referrals, education and assessment services to 250 unwed or teen parents and their children in 2010.

Lutheran Family and Children's Services: Resource Parents		
Target Population	Services Provided	Number Reached in 2010
The clients we serve meet 200% of poverty guideline. Over half of them are African American. Clients range in age from 14-22.	Case management, counseling and crisis intervention to pregnant and parenting youth through their 22 birthday. In addition parenting groups and mentoring services are also provided to the pregnant and/ or parenting youth.	160

Lutheran Family and Children's Services: WINGS		
Target Population	Services Provided	Number Reached in 2010
Families will have one of the following characteristics: low income, teen parents, lacking in basic care needs for an infant.	First Chance For Children provides families with safe cribs, car seats, etc if the family is leaving the hospital and does not have these items (usually referred by a nurse or hospital social worker). Along with the items First Chance For Children does 5-6 home visits over the next month and a half, dealing with infant care, safety issues (Never Shake a Baby, SIDS prevention, etc) and child development / literacy information.	90

First Chance for Children reached 650 children and their parents in 2010, making sure all the children were safe and had their developmental needs met. Services support low income, single and teen parents and their children through home visits, infant safety materials and support resources. The professional staff are dedicated to strengthening families so that programming has long term effects on both the child and the family.

First Chance For Children: Baby Bags		
Target Population	Services Provided	Number Reached in 2010
Target population includes at least one of the following characteristics: low income, teen mothers, lacking basic information on caring for a baby.	Supply basic information and safety materials for families taking newborns home from the hospital.	200

First Chance For Children: CRIBS		
Target Population	Services Provided	Number Reached in 2010
Families will have one of the following characteristics: low income, teen parents, lacking in basic care needs for an infant.	First Chance For Children provides families with safe cribs, car seats, etc if the family is leaving the hospital and does not have these items (usually referred by a nurse or hospital social worker). Along with the items First Chance For Children does 5-6 home visits over the next month and a half, dealing with infant care, safety issues (Never Shake a Baby, SIDS prevention, etc) and child development / literacy information.	200

First Chance For Children: Stay at Home		
Target Population	Services Provided	Number Reached in 2010
All families are low income, most living in poverty. Some families are homeless. Many are single parent families, often teen moms.	The Stay at Home Parents program supplies intense support for families with children for birth to age 3. The curriculum involves child safety, child development issues, parenting information, and strengthens the family.	250

Through its Healthy Babies Program, the Columbia/Boone County Public Health and Human Services Department provides prenatal case management services including: home visits, healthy pregnancy and child development information, post partum depression screening and referral to community resources, state and federal programs. These services are targeted to pregnant women with at least one social factor. This program also has a native Spanish speaker who delivers the case management services. In 2010, the Healthy Babies Program reached 28 women. The Health and Human Services Department also runs the Women Infant Child (WIC) program. Though this service is available to women of any age and marital status, this program is included in this section because of the high volume of young and single mothers who are served.

WIC offers an array of prenatal and post partum wellness services for mothers and their babies. Services include health screenings, supplemental food programs, health education and referrals. In 2010, WIC reached 1,877 children and 694 women.

<b>Columbia/Boone County Public Health and Human Services: Healthy Babies Program</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Pregnant Latinas were targeted in 2010 but the program has been extended to any family with one of the following characteristics: low income, teen parents, lacking in basic care needs for an infant.	Prenatal case management for mothers; Home visits, at least one per month, from pregnancy to age 2; Healthy pregnancy and child development information; Post partum depression screening; "Partners for Healthy Baby" curriculum; Referral to community resources/state/federal programs.	28

<b>Columbia/Boone County Public Health and Human Services: Women Infant Children</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Provides services to pregnant women, new mothers, infants, and children up to five years of age who are at nutritional risk, based on eligibility.	A supplemental nutrition program for women, infants and children: Health screening with risk assessment; Nutrition education and counseling; Breastfeeding Promotion and support; Referrals to services specific to individual needs such as health care providers and social services agencies; Issuing food instruments for supplemental nutritious food prescription.	1877 children, 694 women

These programs are not able to meet all the complex needs of unwed and teenage mothers but these agencies utilize a network of community resources dedicated to servicing this population of young mothers. Staff in these programs refer women to additional resources in the community. Referrals are most often made for housing, counseling, food, utilities, health care (both physical and mental), transportation, child care, and child developmental services.

### **Gap in Services to Unwed Mothers/Fathers in Boone County**

The gap in services to unwed teen parents is demonstrated in the number of parents turned away and the additional unmet needs identified by providers. In 2010, 138 parents and their children were turned away from these vital services. Lutheran Family and Children's Services had to turn away at least 138 pregnant teens from the Resource Parent program. Additionally, these providers say there are many more families in need of these services. Other agencies know that these services are often full and therefore don't refer young parents to these

programs. One provider also said refugee populations continue to go underserved. These children turned away and the additional unmet needs identified by service providers represent the need for service expansion.

### **Cost to Fill the Gap in Services to Unwed Mothers/Fathers**

To reach the 138 children unable to be reached by Lutheran Family and Children's services it will, at a minimum, cost approximately \$155,112, (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF SERVICE) X (COST PER UNIT OF SERVICE). This only includes service delivery costs.

## **Outpatient Substance Abuse Treatment Services**

Outpatient substance abuse treatment provides adolescents with substance use disorders with counseling and treatment services. These services can include assessment and evaluation, early intervention, education, group counseling, individual counseling, family therapy and aftercare. Four agencies discussed in this analysis provide outpatient substance abuse treatment services to adolescents in Boone County. This section uses existing public data and data collected from provider surveys to establish the need and availability of services for adolescents in Boone County.

### **Boone County's Need for Outpatient Substance Abuse Treatment Services**

There are three national outcome measures available at the county level that serve as substance abuse indicators: past 30 day use, disapproval of use and perception of harm. According to the 2008 Missouri Student Survey (MSS)<sup>2</sup>, 37% of sixth through twelfth grade students enrolled in public school reported drinking alcohol at least once in the past 30 days and roughly 14% had smoked marijuana or cigarettes in the past 30 days. Comparing the 2008 MSS and the 2007 National Survey on Drug Use and Health, Boone County is approximately two times higher than the national rate for both alcohol and marijuana use, and one and a half times higher than the national rate for past 30 day cigarette use (Table 13). In Boone County, Caucasians have a higher past 30 day use for alcohol and cigarettes, while African Americans have a higher past 30 day use for marijuana (Table 14). Boone County students were also less likely than students throughout the state to feel that regular use was "wrong" or "very wrong" (Table 15) and less likely to associate great risk of harm with trying or regular use of marijuana and alcohol (Table 16).

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<sup>2</sup> The majority of the students who completed this survey were in 9<sup>th</sup> grade (49%) and 23% were in 10<sup>th</sup> grade

Table 13: Percent of Past 30 Day Use			
Substance	2007 U.S. Sample	2008 Missouri Sample	2008 Boone County
Alcohol	15.9%	26.6%	37.1%
Marijuana	6.7%	7.8%	14.1%
Cigarette	9.8%	12.6%	13.8%
Source for U.S. and Missouri: Missouri Department of Mental Health Source for Boone County: Missouri Student Survey			

Table 14: Percent of Past 30 Day Use of Boone County Students		
	Caucasian	African American
Alcohol	38.7%	31.8%
Marijuana	14.0%	16.5%
Cigarettes	14.4%	12.7%
Source: Missouri Student Survey		

Table 15: Percent of Students who Think it is Wrong		
	Boone County	Missouri
Drink beer, wine, or hard liquor regularly	62.4%	73.7%
Smoke cigarettes	74.6%	81%
Smoke marijuana	74.5%	85.8%
Source: Missouri Student Survey		

Table 16: Percent of Perception of Harm								
	Smoking Cigarettes		Trying Marijuana		Regular Marijuana Use		Drinking Alcohol	
	MO	Boone	MO	Boone	MO	Boone	MO	Boone
No Risk	4.9%	3.4%	15.4%	25.9%	7.4%	7.5%	10.6%	10.3%
Slight Risk	7.3%	6.4%	23.4%	31.1%	8.9%	17.1%	22.1%	21.8%
Moderate Risk	20.9%	22.1%	24.7%	22.1%	15.2%	21.6%	29.2%	32.2%
Great Risk	66.9%	68.2%	36.5%	20.9%	68.5%	53.8%	38.2%	35.7%
Source: Missouri Student Survey								

Having one drink of alcohol does not constitute need for intervention; however, early initiation is highly correlated with addiction. According to 2008 MSS, 4.5% (87) students reported drinking at least 10 out of the last 30 days (Table 17). This level of drinking does warrant concern. Having five or more drinks in one sitting is considered binge drinking and 5.6% (108 students) reported binge drinking at least three times in the prior 30 days (Table 18). If these students were to represent the entire student population enrolled in public school in 2008, these percentages would translate to 1,218 (total students enrolled in Boone County public schools in AY 08-09 was 21,753) students exhibiting behavior that suggests need of outpatient



treatment. In reviewing the 2009 Hickman and Rockbridge Wellness Survey, 19.5% of sophomores, juniors and seniors who responded to the survey reported binge drinking at least once in the past month and 8.8% reported binge drinking at least 3 times in the past month.

<b>Table 17: In the last 30 day, how many days drink you drink alcohol?</b>		
	<b>Number</b>	<b>Percent</b>
0 days	1238	64.30%
1 or 2 days	361	18.80%
3 to 5 days	149	7.70%
6 to 9 days	90	4.70%
10 to 19 days	63	3.30%
20 to 29 days	14	0.70%
All 30 days	10	0.50%
Source: 2008 Missouri Student Survey		

<b>Table 18: In the last 2 weeks, how many times did you have five or more alcoholic drinks in a row?</b>		
	<b>Number</b>	<b>Percent</b>
None	1605	83.30%
Once	132	6.90%
Twice	81	4.20%
3-5 times	65	3.40%
6-9 times	31	1.60%
10 or more times	12	0.60%
Source: 2008 Missouri Student Survey		

According to the 2009 National Survey on Drug Use and Health<sup>3</sup>, 7.2% of youth ages 12 to 17 needed treatment for illicit drug or alcohol use. Of those who needed treatment, 89% did not receive it. According to the census data from the 2009 American Community Survey, Boone County has an estimated 22,474 youth ages 10 to 19. Applying the National Survey trends to this youth population, 1,618 youth in Boone County need treatment.

Based on the three national outcome measures available at the county level for substance use, Boone County adolescents appear to be more likely to develop substance abuse problems than students across the state. When compared to the student population in Missouri, Boone County students report more use in the past 30 days, tend not to feel substance use is bad and perceive less harm for trying marijuana and alcohol. Using this secondary data, the estimated 1,218 to 1,618 students likely needing treatment demonstrate the scope of the issue and need for expanding outpatient substance abuse treatment services for youth.

<sup>3</sup> Substance Abuse and Mental Health Services Administration: 2009 National Survey on Drug Use and Health <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>

## Strengths of Outpatient Substance Abuse Treatment Services in Boone County

There are four agencies in this report that provide outpatient substance abuse treatment to adolescents with substance use disorders. Preferred Family Healthcare, Pathways Community Behavioral Healthcare, Phoenix Programs and Burrell Behavioral Health provided outpatient substance abuse treatment for 429 adolescents in 2010. These agencies provide individual, group and family counseling, case management, education and life skill training and other supportive services utilizing evidenced- based and individualized approaches.

Preferred Family Healthcare is able to provide individualized treatment plans aimed at providing the most appropriate services for each individual consumer. The program utilizes evidence-based practices and has consistently had positive outcomes. The Adolescent Outpatient Substance Abuse Treatment program served 29 young people in 2010 with counseling, case management, support groups, referrals for additional services, education and life skills training.

Preferred Family Healthcare: Adolescent Outpatient Substance Abuse Treatment		
Target Population	Services Provided	Number Reached in 2010
Adolescents who have developed problems related to alcohol or drug use.	Individual, group, and family counseling; alcohol and drug education; case management; relapse prevention; introduction to support groups; life skills training; and referral for additional services.	29

Pathways Community Behavioral Healthcare Dysart Inpatient and Outpatient Therapy services provide individual, group and family counseling. The facility also offers an early intervention program, which includes conflict resolution, drug education and an individual counseling session. The organization offers a convenient and fluid referral process. This facility utilizes evidence-based practices and a holistic treatment philosophy. Pathways Community Behavioral Healthcare is accredited by the Commission on Accreditation of Rehabilitation Facilities and is Department of Mental Health Certified. The program can accept clients from various social-economic backgrounds, including youth and families with limited resources. The program also collaborates with Columbia Public Schools and the Boone County Juvenile Office for program delivery. In 2010, therapy services reached 185 young individuals/families.

Pathways Community Behavioral Healthcare: Dysart Inpatient and Outpatient Therapy Services		
Target Population	Services Provided	Number Reached in 2010
Adolescents 12-17 with substance abuse issues.	Individual, family and group counseling/therapy.	185

In 2010, Phoenix Programs served 65 adolescents through a federal grant that was presented to 17 adolescent sites around the country. The behavioral, outpatient intervention is aimed at providing continuing care for adolescents with substance use disorders.

Rigorous research has demonstrated the strength of the model and it is the method chosen by the U.S. Dept of Health and Human Services having the quality and level of patient outcomes worth replicating across the country. Results of the Phoenix Programs project have consistently demonstrated to be on par with national norms because the staff have participated in demanding and thorough training and continue to hold the necessary certification required to conduct the evidenced-based therapy. Results indicate that the adolescents experience significant retention, better adherence to program expectations, and longer abstinence from illegal substances. The family-centered program, currently in its 5th year of operation, continues through support from the Missouri Foundation for Health. Participating youth and family members often have co-occurring substance use with mental disorders. Although the model presents outcomes which are stronger than traditional residential treatment, the six month program costs fractions of what an episode of residential treatment costs. Researchers believe that the positive outcomes of the youth completing the program prove the critical role of family and community as they relate to adolescent substance abuse. "Families are an integral part of the treatment process and their inclusion increases the likelihood of successful treatment outcomes and recovery," said SAMHSA Administrator Terry L. Cline, Ph.D. "Data from our most recent National Survey on Drug Use and Health shows that with effective community-based care and recovery support services, these young people are far more likely to experience success in school and far less likely to become tangled in the justice system."

Phoenix Programs: Project Apex		
Target Population	Services Provided	Number Reached in 2010
Youth ages 12 – 22 years old with substance abuse issues.	Outpatient adolescent treatment.	65

Through a Missouri Foundation for Health grant, Burrell Behavioral Health was able to reach 150 students with individual and family therapy. Utilizing ACRA, the program promotes “prosocial” activities that prevent the start of substance abuse or, in the case of active use, the abstinence of use. It teaches clients and their care givers communication skills, problem solving skills, positive peer relationships, improved relationships and communication with family members, and improved self esteem. The grant reaches youth who are in the Juvenile Justice system and Hallsville Public Schools who tend to be a significantly underserved population. Burrell is accredited by the Commission on Accreditation of Rehabilitation Facilities and is Department of Mental Health Certified.

<b>Burrell Behavioral Health: School Based Prevention and Treatment for Youth Services Grant</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Adolescent who are identified by the use of the GAIN/ SS as being at risk for substance abuse. The schools are at the Robert Perry Juvenile Justice Center and the Hallsville School.	The program provides outpatient individual, family, and group substance abuse and treatment using the Adolescent Community Reinforcement Approach (ACRA) for individual and family therapy. The groups are a modification of the Girls Circle and Boy's Council Curriculum.	150

Agencies providing adolescent outpatient treatment services often provide referrals for services outside the scope of their programs. These referrals are most often for psychiatric, education/ GED, utility assistance, recreation assistance, inpatient ADA treatment, transitional living, medication, and community rehabilitation services. Because of this referral network, treatment consumers are able to be connected with the additional support needed to make recovery successful.

### **Gap in Outpatient Substance Abuse Treatment Services in Boone County**

The gap in outpatient substance abuse treatment services is demonstrated through the number of adolescents turned away, grant funded projects ending, waiting periods, and additional unmet needs identified by providers. In 2010, there were 20 adolescents who had to be turned away from Project Apex due to lack of capacity and an additional 1,169 students suspected of needing substance use treatment but going unreached.<sup>4</sup> Many of the other agencies did not “turn people away” but wait times between requests for service and first appointment were three months. There are also some grant funding for programs are about to expire. When the funding ends, the projects are at risk of being terminated. In addition, providers from these agencies identified additional gaps in services. Transitional aged youth need more services to help make the transition into adulthood successful. Providers also said there needs to be more early childhood programs, school-based substance use prevention and early intervention services as well as more services made accessible in rural areas. Compounding these needs is the fact that the kids these program help often come from homes where the parents also have a substance abuse problem, many of the youth are at risk for further problems. The adolescents turned away, the instability of grant funded projects, wait times and the additional unmet needs identified by services providers represent the need for service expansion.

<sup>4</sup> 1,618 (estimate from secondary data) – 20 (number documented as being turned away) – 429 (number served) = 1,169 individuals likely binge drinking and in need of substance use treatment.

## Cost to Fill the Gap in Outpatient Substance Abuse Treatment Services

To address the gaps in outpatient treatment services it will cost approximately \$261,415. To reach the 20 adolescents turned away from substance abuse treatment services it will, at a minimum, cost approximately \$49,920, (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF SERVICE) X (COST PER UNIT OF SERVICE). This cost only includes service delivery costs and does not capture the cost of reaching the estimated 1,169 students going unreached. To maintain the identified grant funded programs that are set to end, it will cost approximately \$211,495. This amount will maintain needed staff and program overhead from Burrell Behavioral Health and Phoenix Programs.

## Outpatient Psychiatric Services

Outpatient psychiatric services provide an opportunity for young people to receive medical evaluation and treatment for psychiatric disorders. Without proper treatment, children with psychiatric disorders are at risk of acting out in aggression, juvenile delinquency or suicide (just to name a few). There are three agencies in this assessment that provide psychiatric services to children and adolescents in Boone County. This section uses existing data and data from the provider survey to establish the need and availability of outpatient psychiatric services available to children and adolescents in Boone County.

### Boone County's Need Outpatient Psychiatric Services

Psychiatric care is difficult to obtain without health insurance. The most recent data available show in 2008, there were 9,714 young people enrolled in MO HelathNet for Kids (Table 19). With limited health coverage, children on Medicaid face disparities in accessing psychiatric treatment.

Table 19: Children with MC+ in Boone County					
	2004	2005	2006	2007	2008
Percent	34.5%	33.6%	29.5%	27.5%	28.3%
Number	10,715	10,301	9,572	9,391	9,714
Source: Kids Count					

With the increasing unemployment rates one can be assured more and more families are uninsured and experiencing barriers to psychiatric care. When families do not have access to private health care or have no health insurance they are most likely to go to the emergency room for medical attention. Emergency room visits are recorded by primary diagnosis in the Missouri Information Community Assessment (MICA). For those ER admissions where mental illness is the primary diagnoses, prevalence of “undersocialization” is large among children under the age of 15 while schizophrenia is higher among 15 to 24 year olds. Anxiety and affective disorders

are also higher among 15 to 24 year olds, even higher than prevalence for adults over the age of 45.

Children suffering from serious emotion disturbance (SED) often require psychiatric services. Kids Count data show 301 children received treatment for SED in 2008 (Table 20). This number is down from the number served in 2006<sup>5</sup> and under represents the number of children who have emotional distress that would require psychiatric attention. The underestimation comes from the fact that this number only counts the children who received services, not the children who need services.

<b>Table 20: Number of Youth Population Suffering from Serious Emotional Disturbance</b>					
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2008</b>
Boone County	837	780	976	412	301
Missouri	41,176	44,603	45,449	19,413	18,116
Source: Kids Count					

Access to psychiatric services can be thwarted by inadequate healthcare coverage. There are thousands of children who lack health insurance and recent unemployment rates have put more children at risk of not getting the psychiatric attention needed. Local data severely underestimates the number of children in need of psychiatric services though it is clear that older children with mental illness show up in emergency rooms more often than younger children.

### **Strengths of Outpatient Psychiatric Services in Boone County**

When children and youth are not in inpatient/residential care but still need psychiatric services, Burrell Behavioral Health, Family Health Center, Children's Foundation of Mid America and University of Missouri Psychiatric Center are fully equipped to provide outpatient services. In 2010, these agencies were able to serve over 4,390 adolescents with needed psychiatric services.

Burrell Behavioral Health's Outpatient Psychiatric Services reached 2,203 children and adolescents in 2010. These services, including medication, can be an effective part of the treatment for several psychiatric disorders of childhood and adolescence. Any Burrell psychiatrist who is recommending medication is experienced in treating psychiatric illnesses in children and adolescents. The use of medication is based on a comprehensive psychiatric evaluation and is part of a comprehensive treatment plan designed to meet the child's unique needs, with ongoing medical assessment and, in most cases, individual and/or family psychotherapy. Burrell Behavioral Health is accredited by the Commission on Accreditation of Rehabilitation Facilities and is Department of Mental Health Certified.

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<sup>5</sup> No 2007 data were available and the rate of change between 2005 and 2006 has not been confirmed.

<b>Burrell Behavioral Health: Outpatient Psychiatric Services</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children and adolescents with diagnosable psychiatric conditions.	Medication services.	2,018

Family Health Center provides integrated care with therapists on site in the medical clinic who typically are able to meet the patient at the time of the referral. The Family Health Center is also able to ensure comprehensive care through close collaboration with providers. Outpatient psychiatric services include medication management and are provided for adolescents age 17 and older who are patients receiving care from Family Health Center.

<b>Family Health Center: Outpatient Psychiatric Services</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Services are limited to medical patients receiving primary care at Family Health Center.	Medication management for adolescents 17 and older.	11

University of Missouri Psychiatric Center provides outpatient psychiatric services to adolescents through the outpatient clinic. The Center has three board certified child psychiatrists and 3 fellows providing care to patients. In 2010, the clinic reached 2,361 children between ages 4 and 17 with psychiatric care.

<b>University of Missouri Psychiatric Center: Outpatient Psychiatric Services and Adolescent Psychiatry Clinic</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children ages 4 to 17.	Outpatient Child Psychiatry Services.	2,361

These psychiatric service providers are not able to meet all the service needs of their consumers but are able to refer consumers to community agencies. Psychiatric service providers make many referrals to in-patient alcohol and drug abuse treatment, medication service with a psychiatrist, and community rehabilitation services. Without these referral services consumers would not be able to get all the support they need.

## **Gap in Outpatient Psychiatric Services in Boone County**

There are two factors contributing to the gap in outpatient psychiatric services: (1) the wait time and (2) additional unmet needs identified by providers. Though not all agencies had to turn people away, some agencies expressed concern over the time a client must wait to receive treatment. In some cases, children go two months before receiving medication. Providers also identified a need for therapeutic groups for children lacking in social skills and for children with trauma histories. The waiting period and the additional unmet needs identified by services providers represent the need for outpatient psychiatric service expansion.

## **Cost to Fill the Gap in Outpatient Psychiatric Services**

To address the gaps in outpatient psychiatric services it will cost approximately \$477,250. This amount will pay for an additional clinician and child psychiatrist to decrease the wait time at Burrell Behavioral Health and the University of Missouri Psychiatric Center.

## **Transitional Living Services**

Transitional living services provide a safe and supportive living environment for older youth soon to be adults. These support services include life skill development, education, employment, and individualized mental health treatment. Entering adulthood can be challenging for youth who have lived in unstable environments. Two populations that need additional support in preparing to become productive adults are homeless youth and children aging out of foster care. There are two transitional living shelters discussed in this assessment that provide housing and supportive services to these youth entering adulthood. This section uses existing data and information from the provider survey to assess the need and availability of transitional living services for older adolescents in Boone County.

## **Boone County's Need for Transitional Living Services**

Homeless youth face many challenges in accessing support services in Boone County. In the academic year 2008-2009, there was 206 youth who did not have a consistent, safe place to sleep. This is a 66% increase from 2007-2008, (see Table 21). Teen homelessness is a raising concern and these teens are at great risk of victimization, criminal behavior, and mental illness. Youth aging out of foster care are also in a delicate life stage. Securing a job or post high school education is essential for self sufficiency. According to the Missouri Children's Division FY 2009 Report, seven youth in Boone County aged out of foster care (see Table 22).



**Table 21: Total Homeless Among Students Enrolled in Boone County Public Schools**

	<b>05/06</b>	<b>06/07</b>	<b>07/08</b>	<b>08/09</b>
Boone County	137 (0.66%)	90 (0.42%)	124 (0.57%)	206 (0.95%)
Missouri	14,071 (1.56%)	13,620 (1.51%)	11,977 (1.34%)	14,437 (1.62%)
Source: Department of Elementary and Secondary Education – Homeless Census				

**Table 22: Number of Youth Aging out of Foster Care**

	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Boone County	19	10	13	7
Missouri	394	392	378	351
Source: Missouri Children's Division Annual Reports				

Teen homelessness is on the rise in Boone County and children continue to age out of foster care needing the support of transitional living services. Self sufficiency depends on a successful transition from childhood to adulthood and these important services will continue to be needed. These data demonstrate the need for transitional living services for youth in Boone County.

### **Strengths of Transitional Living Services in Boone County**

Rainbow House and Boys and Girls Town provided shelter, case management, personal development, mental health and other support services to 43 youth in 2010. Rainbow House specializes in homeless youth and Boys and Girls Town focuses on youth in foster care.

Rainbow House is the only agency in the region that offers a variety of services to unaccompanied homeless youth ages 16-21. Licensed and professional staff provide youth in the program with case management and personal development services while also connecting the young adult with community resources vital for self sufficiency. While in the program, youth are required to be in school or have a job. Rainbow House can serve up to 8 youth at one time and reached 25 youth in 2010.

Rainbow House: Transitional Living Services		
Target Population	Services Provided	Number Reached in 2010
Homeless youth or youth living in an environment that is unsafe. No children's division, juvenile office or Division of Youth Services youth accepted.	Housing for up to 18 months, case management, mentor, life skills classes, therapy, linkage to employment, vocational or educational opportunities, and linkage to substance abuse assessment or treatment, medical and psychosocial assessments.	25

Boys and Girls Town offers transitional living services for youth entering adulthood. Youth aging out of foster care can live in this group home setting and take advantage of tools for establishing independence. Boys and Girls Town is fully accredited and has licensed and professionals staff who served 18 youth 2010.

Boys and Girls Town: Transitional Living		
Target Population	Services Provided	Number Reached in 2010
Youth ages 16-19 in State custody who have permanency plan of APPLA (Another Planned Permanent Living Arrangement); Disrupted adoptions. The clients often resided in residential treatment or foster care in their youth and have no viable family resources.	Room and board, milieu treatment, individual, group and family therapy, specialized training and support in academic achievement, job readiness, independent living skills, youth leadership, and community networking.	18

Providers continue to see youth who need additional resources outside the scope of the shelters. Most common referrals are made for in-patient psychiatric services, substance abuse treatment, law enforcement, legal services, homeless shelters, utility assistance and food resources. These referral services give youth an opportunity to get the additional support needed.

### Gap in Transitional Living Services in Boone County

Gaps in transitional living services are demonstrated through the number of youth turned away from services and the additional unmet needs identified by providers. In 2010 there were 65 older youth turned away from transitional living services. Rainbow House had to put 60 youth on a waiting list while Boys and Girls Town turned away 5 youth. In addition, more resources are needed to service these 65 youth at the time of need. Providers see the need for early

intervention programs and additional resources that will alleviate the case load staff carry. These children turned away and the additional unmet needs identified by service providers represent the need for service expansion.

### Cost to Fill the Gap in Transitional Living Services

To serve the 65 youth turned away from transitional living services it will, at a minimum, cost approximately \$1,145,200, (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF SERVICE) X (COST PER UNIT OF SERVICE). This only includes service delivery costs. Expansion of facilities would incur construction costs as well as costs for additional supplies.

## Crisis Intervention Services

Crisis intervention is designed to provide immediate, short-term support to children and families experiencing an event that provokes emotional, mental, behavioral, or physical distress and results in risk of harm. The need for crisis intervention is typically unplanned and extremely urgent. There are three agencies in this assessment that provide crisis intervention to adolescents in time of need. This section uses existing data and data from provider surveys to establish the need and availability of crisis intervention services.

### Boone County's Need for Crisis Intervention Services

In 2008, a small sample of sixth through eighth graders, a strong sample of ninth graders and a moderate sample of tenth through twelfth graders from Boone County completed the Missouri Student survey. From the Boone County sample of roughly 1,900 sixth through twelfth graders, 240 students had considered suicide. When a student is considering suicide, crisis intervention is crucial to prevent self harm. Of the student sample, 98 students attempted suicide and 54 sustained injuries from the suicide attempt, (see Table 23). In that same year, there were no suicide related deaths recorded in the Missouri Information Community Assessment, (see Table 24).

Table 23: Suicide: Student in Boone County 2008		
	Number	Percent
Considered Suicide	240	12.5%
Attempted Suicide at least once	98	5.1%
Injury From Suicide Attempt	54	2.8%
Source: Missouri Student Survey		

**Table 24: Number of Suicide Related Deaths in Boone County**

	2006	2007	2008	2009
Children Under Age 15	0	0	0	0
Youth Between Age 15 and 24	3	2	0	2

Source: Missouri Information Community Assessment: Death

### **Strengths of Crisis Intervention Services in Boone County**

Mental health, health care and juvenile correction organizations network with public schools for crisis intervention services. Services include risk assessment, referrals and resource coordination. In 2010, Burrell Behavioral Health, 13<sup>th</sup> Circuit Family Court, and the Family Health Center provided crisis intervention for over 2,718 adolescents and their parents. The interventions were the result of referrals from schools and correction facilities as well as calls to an 800 hotline.

Burrell Behavioral Health manages an 800 number that anyone in Boone County can call in the event of a crisis. This hotline is staffed by Master level clinicians and a mobile response team ready to intervene and provide the needed resources. In addition to the hotline, Burrell Behavioral Health collaborates with Columbia Public School District, the Juvenile Justice Center and the community at large to provide screenings for children. In 2010 these two services reached 180 young people. Burrell Behavioral Health is accredited by the Commission on Accreditation of Rehabilitation Facilities and is Department of Mental Health Certified.

<b>Burrell Behavioral Health: Hotline and Screenings</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Anyone child/family in crisis.	Burrell Behavioral Health provides an 800 hotline number that is available to all clients and individuals in Boone County regardless of if they are enrolled in services. This hotline is staffed by master's level clinicians with a mobile response team in Boone County. Burrell also provides crisis screenings to the Columbia Public schools when a child is in crisis.	180

Adolescents in the justice system are said by providers to be severely underserved. The 13<sup>th</sup> Circuit Family Court Crisis Intervention program reached 2,336 young people and their families in 2010. The Court highlights their services as being positive for the juvenile offender and involved parties.

13 <sup>th</sup> Circuit Family Court: Crisis Intervention		
Target Population	Services Provided	Number Reached in 2010
Our population is only those youth referred to the Juvenile Court. Therefore they had to have committed a violation of the law or committed a status offense.	We provide intervention to parents and youth who come to our attention through a referral process. This referral can come from schools, law enforcement, Children's Division or the parents. We provide DJO crisis intervention between juvenile and parents in order get youth to comply with rules and laws.	2,336

The Family Health Center serves a significant amount of patients with more than one psychiatric diagnosis requiring a combination of psych medications and therapy for adaptive functioning. A large percent of the patient population is children with ADHD, depression, and behavioral problems. Many come from low income, multi-problem families with absent/incarcerated/mentally ill parent(s). Crisis intervention was provided for 202 patients in 2010. The intervention includes an assessment, coordination and referral for needed services.

Family Health Center: Crisis Intervention		
Target Population	Services Provided	Number Reached in 2010
Services limited to medical patients receiving primary care at Family Health Center.	Assessment, resource coordination, and referral for FHC medical patients. Follow up therapy as needed.	202

Crisis intervention programs provide referrals to needed services based on a case assessment. These providers most often refer young people to medication service with a psychiatrist, community rehabilitation services, counseling, mental health services, and inpatient/outpatient substance abuse treatment. Because of the established referral network, children are able to be connected with additional support needed to recover from a crisis.

### Gap in Crisis Intervention Services in Boone County

The gap in crisis intervention services is demonstrated by the unmet needs identified by providers. Children and adolescents in Columbia receive the majority of crisis intervention services while those in the rural areas have more distance to travel making it difficult to reach daytime screening services. This unmet need for services in the rural areas demonstrates the need for expansion of crisis intervention services.

## **Cost to Fill the Gap in Crisis Intervention Services**

The cost identified to expand school based crisis intervention program at Burrell Behavioral Health is approximately \$60,000. This would cover one additional Masters level clinician and enable existing services to reach more young people in need.

## **School-Based Prevention Services**

Prevention programs in the school setting are vital for positive adolescent development and preventing risky behavior. Young people are faced with many challenges. Regardless of the degree of the challenge, young people can be taught the skills that allow them to make good decisions, overcome obstacles and have a positive outlook on life. There are three agencies mentioned in this report that provide school-based prevention services in Boone County. This section uses existing data and data generated from the provider survey to establish the need and availability of school-based prevention services for children and adolescents in Boone County.

### **Boone County's Need for School-Based Prevention Services**

Preventing risky behaviors is the primary goal for school-based prevention services. There are four measures used in this report to assess the need for prevention programs in the schools. These measures include high school dropout rates, discipline rates and drug use (refer to the Outpatient Substance Abuse Treatment section) and teen pregnancy rates (refer to the Services to Unwed Teen Mothers section).

There were 214 students who dropped out of high school in 2010. This is an 11.5% drop in the dropout rates for 2005 (See Table 25). For Columbia 93, African Americans had the highest dropout rate followed by Hispanics (although the Hispanic percent had a lot of variation), while Caucasians had the lowest dropout rate. In addition, Caucasian students had the highest graduation rates in Columbia with African Americans having the lowest. Both the dropout and graduation rates mirror state trends by race.

**Table 25: Dropout Rates by School District Compared to Missouri**

	Missouri % (N)	Hallsville R-IV % (N)	Centralia R-VI % (N)	Columbia 93 % (N)	Harrisburg R-VIII % (N)	Southern Boone County % (N)	Sturgeon R-V % (N)
<b>2006</b>	3.8% (10,773)	3.6% (13)	4.9% (19)	3.8% (198)	2.5% (5)	0.9% (4)	2.0% (3)
<b>2007</b>	3.6% (10,115)	1.8% (7)	3.5% (14)	3.6% (192)	2.4% (5)	2.2% (10)	0.7% (1)
<b>2008</b>	3.7% (10,376)	1.5% (6)	2.3% (9)	3.4% (189)	2.0% (4)	1.4% (6)	4.0% (5)
<b>2009</b>	3.9% (11,028)	4.4% (17)	3.8% (15)	4.2% (220)	3.6% (7)	2.5% (11)	2.3% (3)
<b>2010</b>	3.5% (9,953)	2.8% (12)	2.2% (9)	3.5% (181)	0.0% (0)	1.8% (8)	3.3% (4)

Source: Missouri Department of Elementary and Secondary Education

In 2010, there were 294 students enrolled in Boone County's public schools who got into trouble while at school. Most school districts saw a spike in discipline incidents between 2008 and 2009 and a decrease between 2009 and 2010 (See Table 26).

**Table 26: Discipline Incidents Rates per 1,000**

School District					
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Hallsville R-IV	0.7	1.4	1.3	1.3	0.7
Centralia R-VI	0.2	0.7	0.5	0.2	0.3
Columbia 93	1.1	0.8	1.2	1.9	1.5
Harrisburg R-IV	0.3	0.5	0.2	1.4	0.7
Southern Boone County	1.3	1	0.7	1.3	1.2
Sturgeon R-V	0.7	1.6	0.2	0.9	0.2
Missouri	2.1	1.9	2	1.9	1.9

Source: Department of Elementary and Secondary Education

There were 781 students on record in Boone County who exhibited risky behavior.<sup>6</sup> The teen pregnancy rate is not getting worse nor is it getting better. Substance use is more of a problem in Boone County, specifically alcohol and marijuana use. Though fewer youth dropped out of high school in 2010, the dropout rate continues to be higher among African American students. And finally discipline rates continue to fluctuate. These trends indicate a need for

<sup>6</sup> 165 live births, 108 students who reported binge drinking, 214 students who dropout out of high school and 294 students who got into trouble at school.

school-based prevention service so children can successfully get through school making healthy choices.

### **Strengths of School-Based Prevention Services in Boone County**

Big Brothers Big Sisters, Adventure Club and Burrell Behavioral Health are three agencies that provide school-based prevention services for school aged children in Boone County. Upwards of 1,671 students were mentored, received evidenced based instruction and provided with before and after school programming.

Big Brothers Big Sisters is staffed by a central office made up of licensed and professional staff who coordinate hundreds of volunteer mentors and youth in the program. The volunteer base is dedicated to their “little” and focuses on cultivating long term relationships. Big Brothers Big Sisters provides mentoring for at risk youth who are referred by school counselors. In 2010, Big Brothers Big Sisters mentored 575 young people through mentoring programs.

<b>Big Brothers Big Sisters: School Based and Community Based Mentoring</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Referral of counselor, children of single parents in prison or children in foster care.	Mentoring.	575

Adventure Club is an enrichment-based before and after school program targeting elementary aged children in Columbia public schools. Located in 19 elementary schools, the before and after school program reached 1,025 children providing them with hands on educational and recreational activities. The Adventure Club programs are licensed by the Missouri Department of Health and Senior Services for child care regulations and are part of the University Of Missouri College Of Education.

<b>Adventure Club</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children, grades kindergarten through 5 <sup>th</sup> grade.	Before/after school program.	1,025

The purpose of the Burrell Behavioral Health’s Alternative Continuing Education (ACE) program is to provide academic assistance to middle school and high school students who have been assigned out of school suspension. Students receive academic assistance to ensure that instruction and learning continues in order to receive credit while given an opportunity to attend



the ACE program. Burrell Behavioral Health's mental health professionals work with students to support personal development to address individual behavioral goals, work on decision making skills and facilitate support planning with the home school in preparation for the students to return to their home school. In 2010, ACE reached 71 students.

<b>Burrell Behavioral Health: Alternative Continuing Education (ACE)</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Middle school and high school students who have been assigned out of school suspension.	Professional support for personal development, decision making skills, returning to school.	71

Program staff are able to refer children and youth to services that are outside the scope of the school-based prevention program. They make the most referrals for mentoring services for youth 15+ and to the Voluntary Action Center Youth Enrichment program. These referrals give older students a chance to participate in positive activities.

### **Gap in School-Based Prevention Services in Boone County**

The gap in school-based prevention services is demonstrated by the number of children and adolescents turned away from services and the additional unmet needs identified by providers. Due to lack of space and resources, 245 children and youth were unable to receive services at the time of request. Two agencies operate a waiting list. Adventure Club has a current waiting list of 70 children and Big Brother Big Sisters consistently has 150 or more on their waiting list though they had to close a waiting list and turn away 25 youth. Burrell Behavioral Health does not operate a waiting list but sees a need to expand the ACE program. In 2010, ACE was staffed by a part time Masters level clinician. By making this position full time, the ACE program could reach an additional 229 students. Preferred Family Healthcare also sees a need for service expansion. They are able to provide the Team of Concern program in other counties. This program provides early identification and intervention services for youth at high risk for substance use but because of funding, this program is not available in Boone County schools. In addition to a need for more resources to reach more students, the providers see a need for prevention services available outside the Columbia city limits. These children turned away and the additional unmet needs identified by services providers represent the need for service expansion.

### **Cost to Fill the Gap in School-Based Prevention Services**

To fill the gap in school-based prevention services it would cost approximately \$732,494. To serve the 245 children and youth unable to receive services at the time of request it will, at a minimum, cost \$244,494 (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF SERVICE) X (COST PER UNIT OF SERVICE). This only includes service delivery costs. Expansion of facilities would incur construction costs as well as costs for additional supplies. To hire an additional

Master level clinician to expand existing school-based prevention services provided by Burrell Behavioral Health, it would cost a minimum of \$60,000. Finally, to bring in the Team of Concern program to schools throughout Boone County it will cost \$428,000.

## Home-Based and School-Based Intervention Services

Home-based and school-based intervention programs offer timely intensive services to families with children suffering from serious emotion disturbances (SED). The interventions work to keep children with their families, prevent out of home placement in residential facilities or foster care and unnecessary hospitalization. There are two agencies discussed in this analysis that provide home-based and school-based intervention services in Boone County. This section utilizes existing data and data from the provider survey to establish the need for and availability of these intervention services.

### Boone County's Need for Home-Based and School-Based Intervention Services

Children with emotional disorders face greater risk of out-of-home placement and unnecessary hospitalization. As noted in the Outpatient Psychiatric section and in Table 20, there were 301 children treated for SED in 2008. Though this number under represents the scope of SED among children in Boone County, it is the only number readily available. Children with behavior problems caused by SED are often placed in residential living facilities. The number of children being placed in foster care has gone down to 266 children in foster care in 2009 (see Table 27). There were 204 children/youth between birth and age 24 who were hospitalized due to mental illness (see Table 28). Though this is a marginal decrease from 2007 and 2008, there is a 131% increase in the number of younger children with mental illness being hospitalized since 2005.

**Table 27: Number of Children, Age Birth to 21, in Foster Care**

	2005	2006	2007	2008	2009
Boone County	415	332	301	308	266

Source: Missouri Kids Count

**Table 28: Number of Child Hospitalizations Due to Mental Illness**

	2005	2006	2007	2008
Under Age 15	26	48	74	60
Ages 15-24	128	167	136	144

Source: Missouri Information Community Assessment: Inpatient Hospitalizations

There are more than 301 children suffering from SED and it is clear from the hospitalization data that mental illness among younger children is on the rise. Intervention services can provide families with the tools to cope with emotionally difficult children and prevent out-of-home placement and hospitalization.

### **Strengths of Home-Based and School-Based Intervention Services in Boone County**

Boone County has two agencies that can reach a wide range of youth and their families in times of emotional distress and work to keep the family intact. 13<sup>th</sup> Circuit Family Court and Burrell Behavioral Health provided 2,610 youth and families with intervention services in 2010. These services included home visits, school visits, case management, resource coordination, counseling, and family strengthening exercises.

Adolescents under the supervision of the Division of Juvenile Justice Office (DJO) can receive home and school visits as a proactive measure for intervention. These young people have a multitude of social challenges making intervention services essential. DJO was able to provide intervention for 2,336 adolescents in 2010. DJO works hard to make all their services a positive experience for those under supervision and their families.

<b>13<sup>th</sup> Circuit Family Court: Home-Based and School-Based Intervention Services</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Youth referred to court for delinquency, status or abuse/neglect charges.	We provide home visits and school visits for those youth under the supervision of a DJO.	2,336

Burrell Behavioral Health provides community and school based psychiatric service through the Community Psychiatric Rehabilitation program. Services include case management, skill building services, individualized therapeutic interventions, family interventions, interagency coordination and collaboration, and referrals to other community resources for improving family dynamics. The program focuses on socialization skills, family conflict resolution, academic success, resiliency building, and development of a healthy lifestyle. In 2010, this program served 274 children with SED. Burrell Behavioral Health is accredited by the Commission on Accreditation of Rehabilitation Facilities and is Department of Mental Health Certified.

Burrell Behavioral Health: Community Psychiatric Rehabilitation		
Target Population	Services Provided	Number Reached in 2010
The department of mental health defines diagnostic and functional impairments for which our agency can provide CPRC to a child and family. The program is designed to serve children with Serious Emotional Disturbances that impact their functioning in several areas of their lives (academic, social, family, etc.). This program serves children and families in Boone County who primarily have Medicaid.	Community and School based case management services/skill building services provides individualized therapeutic interventions, family interventions, interagency coordination and collaboration, linking the youth and their family with other community resources and improving family dynamics. It focuses on socialization skills, family conflict resolution, academic success, resiliency building, and development of a healthy lifestyle.	274

When these agencies are not able to provide their clients with all the needed support, staff are able to offer referrals to community agencies. The most common referrals are for inpatient substance abuse treatment, counseling, mental health services, medication service with a psychiatrist and community rehabilitation services. Without these referral services consumers would not receive all the support needed.

### **Gap in Home-Based and School-Based Intervention Services in Boone County**

The gap in home-based and school-based intervention is demonstrated through the number of youth turned away and the additional unmet needs identified by providers. There were 25 adolescents turned away from Community Psychiatric Rehabilitation services in 2010. There were several additional unmet needs identified by agency staff. First, they see a need for more services for transitional aged youth. Second, there is a need for more early childhood programs. And finally, agency staff see a need for more services for rural area youth and their families.

### **Cost to Fill the Gap in Home-Based and School-Based Intervention Services**

To fill the gap and provide intervention services for the 25 adolescents turned away, it will, at a minimum, cost \$351,000, (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF

SERVICE) X (COST PER UNIT OF SERVICE). This only includes service delivery costs. Expansion of programming would incur costs associated with additional staff and program overhead.

## Individual, Group and Family Counseling Services

Families and individuals in distress need counseling services to help them reestablish healthy relationships, cope with trauma, and work through stressful circumstances. There are nine agencies discussed in this assessment that provide individual, group and family counseling. This section uses existing data and data from the provider survey to establish the need and availability of individual, group and family counseling in Boone County.

### Boone County's Need for Individual, Group and Family Counseling Services

As shown in table 9 in the Respite Care Services section of this report, the number of referrals for family assessments has gone up in recent years, subsequently involving more children. In 2010, there were 918 children involved in assessment referral cases, which is a 29% increase from 2009. Table 29 below shows that the number of substantiated abuse and neglect cases has gone down significantly since 2006 but 2010 saw an increase. On average, neglect has the highest rate of occurrence followed by physical abuse then sexual maltreatment. When families and individuals are struggling with abuse and neglect, counseling services can help restore relationships and stabilize the living environment.

Table 29: Number of Substantiated Abuse and Neglect Cases by Type in Boone County					
	2006	2007	2008	2009	2010
Physical Abuse	35	39	25	15	20
Neglect	41	68	20	17	33
Emotional Maltreatment	4	5	1	1	1
Medical Neglect	2	2	1	0	2
Educational Neglect	0	6	0	0	0
Sexual Maltreatment	19	35	23	11	21
Total*	101	155	70	44	77
Number of substantiated cases	102	104	63	40	57
Number of children involved	142	145	87	50	73
*One substantiated case can involve multiple types of abuse and neglect. Totals may be higher than the total number of substantiated cases for each year.					
Source: Missouri Department of Social Services, Missouri Child Abuse and Neglect Annual Reports					

Domestic violence was on the decline until 2009 when, according to the Missouri State Highway Patrol reports, there was a 19% increase in reported cases. In 2010, there were 1,557 domestic violence incidents in Boone County. Table 31 shows the relationship between the individuals involved in the domestic violence report. The majority of relationships reflect a family or household situation. Adults living together made up 34%, adults with children in

common made up 23% and spouses made of 22%. Families and households with children experiencing domestic violence need the expertise of counselors to help restore relationships and establish a stable living environment.

<b>Table 30: Domestic Violence Rates per 100,000</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Boone County	905.4	870	837.5	727.1	867.5
Missouri	679.7	703	640.4	641.6	651
Source: Missouri State Highway Patrol: Statistical Analysis Center, Crime in Missouri Reports					

<b>Table 31: Domestic Violence Incident Report for Boone County, 2010</b>		
<b>Relationship Between Parties:</b>	<b>Number</b>	<b>Percent</b>
Spouse	349	22%
Former Spouses	58	4%
Child in Common	355	23%
Related by Blood	155	10%
Related by Marriage	22	1%
Presently Residing Together	526	34%
Previously Residing Together	92	6%
Total	1,557	100%
Source: Missouri Uniform Crime Report		

School delinquency is often used as a measure for assessing unstable home environments. Table 26 in the School-Based Prevention Services section of this report shows that discipline incidents rates among the public schools in Boone County have modestly increased since 2006 though, in most districts, 2010 rates are marginally lower than in 2009. In 2010, 294 students got into trouble at school. Whether the bad behavior stems from bullying, trouble at home or personal emotional distress, counseling services can help these students establish stability.

### **Strengths of Individual, Group and Family Counseling Services in Boone County**

Counseling services are provided by multiple agencies and serve homeless teens, children with mental health and behavioral problems, youth under jurisdiction of the Juvenile Court, sibling groups, youth in out-of-home care and families involved in custody battles. In 2010, 1,819 children and families were provided with the counseling support needed to make it through stressful times.

Rainbow House provides individual, group and family counseling to Rainbow House consumers. The staff at Rainbow House include licensed social workers, one medical doctor and professionals who specialize in the area of homelessness and child abuse and neglect. In 2010, 74 children received individual or family therapy, 12 children received group therapy and 120 families went through parenting classes and community education workshops.

Rainbow House: Individual, Group and Family Counseling Services		
Target Population	Services Provided	Number Reached in 2010
Persons served through other Rainbow House programs.	Individual, group and family counseling services.	74 children for individual or family therapy, 12 children for group therapy, 120 families served through parenting classes and community education workshops.

The Family Counseling Center provides outpatient counseling for adolescents, children and their families. Counseling services target children with identifiable mental health and behavioral problems and children of women in the substance abuse treatment program. In 2010 these counseling services reached 245 children.

Family Counseling Center: Individual and Family Counseling		
Target Population	Services Provided	Number Reached in 2010
Children with identifiable mental health and behavioral problems, including children referred by teachers and other school personnel.	Outpatient services: counseling for adolescent and children and their families.	150

Family Counseling Center: Individual and Family Counseling		
Target Population	Services Provided	Number Reached in 2010
Children under the age of 14 who are in custody of their mothers during their residential or outpatient treatment program.	Children's counseling and residential services provided in conjunction with mother's treatment for substance use disorder at McCambridge Center.	95

Burrell Behavioral Health's Outpatient Therapy is targeted at any child or family that needs mental health services. This individual and family therapy includes a range of psychological testing and evidenced based treatments that address ADHD, depression, grief, parenting, anger, trauma and psychiatric impairments. In 2010, there were 920 children who received outpatient therapy. Burrell Behavioral Health is accredited by the Commission on Accreditation of Rehabilitation Facilities and is Department of Mental Health Certified.

<b>Burrell Behavioral Health: Outpatient Therapy</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children and families in need of mental health services.	Provides individual, family therapy and psychological testing to help children and families cope with many issues. Evidenced based treatments are utilized including Parent Child Interaction Therapy, Parent Management Training, Cognitive Behavioral Therapy, Exposure Response Therapy, and Dialectic Behavioral Therapy to address issues ranging from stress, ADHD, depression, grief and loss, parenting challenges, anger management, trauma, and significant impairments due to psychiatric illness. Psychological testing and evaluation is offered to children and their families for a variety of psychological, cognitive, attention, learning and personality testing.	920

The 13<sup>th</sup> Circuit Family Court works with youth under the jurisdiction of the court and has a family therapist on staff. The family counseling services can work with seven families at a time and staff work hard to make the counseling experience positive for the young person. In 2010, the therapist counseled 9 people.

<b>13<sup>th</sup> Circuit Family Court: Family Counseling</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Youth under jurisdiction of the Juvenile Court.	We have a family therapist that we employ who works with approximately 7 families at a time.	9

Coyote Hill Christian Children's Home provides a group home setting for children in out-of-home placement. These children receive many services while living in one of Coyote Hill's homes including individual, group and family therapy. Forty youth were given the counseling support needed in 2010.

<b>Coyote Hill Christian Children's Home: Individual, Family and Group Counseling</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children ages 3-19; sibling groups; children in out-of-home care.	Individual, group and family counseling.	40



The Family Health Center provides individual, group and family counseling to patients. Many of the children seen by therapists have ADHD, depression and behavioral problems. Many children also come from low income families and have parents who are absent, incarcerated or mentally ill themselves.

<b>Family Health Center: Individual and Family Counseling</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Services limited to medical patients receiving primary care at FHC / Significant amount of our patients have more than one psychiatric diagnosis and require combination of psych meds and therapy for adaptive functioning.	Individual and family therapy.	83

University of Missouri Psychological Services has a children and family division that offers therapy services to children in Columbia and the surrounding area. In 2010, Child and Family Services was able to reach 46 children/adolescents with outpatient intake assessment as well as individual and family therapy.

<b>MU Psychological Services: Child and Family Services</b>		
<b>Target Population</b>	<b>Services Provided</b>	<b>Number Reached in 2010</b>
Children/adolescents in Columbia and surrounding communities (pre-K+).	Outpatient intake assessment, individual and family therapy.	46

Boys and Girls Town has a strength-based, relationship-focused treatment philosophy. In 2010, they served 216 long term residential clients and clients involved in custody battles. Boys and Girls Town has a highly dedicated core staff who are committed to ongoing personal and professional development. The agency recently secured a new facility with great resources for clients and staff and is able to implement evidenced based programs with high integrity.

Boys and Girls Town: Family Therapy		
Target Population	Services Provided	Number Reached in 2010
Populations range from long term residential clients to local clients involved in custody battles. Some clients are referred from Boys & Girls Town (Great Circle) programs, some are referred from local state agencies, and some applications are made directly from parents.	Family therapy for clients placed at the Columbia Campus of Boys & Girls Town; Family therapy for Partial Hospitalization and Intensive Outpatient clients; In-home therapy for residential clients; In-home therapy for Aftercare and Family Focus clients, In-community and In-home therapeutic supervised visits for court-ordered clients; Outreach Family therapy in the facility, in homes and in the community.	216

Children's Foundation of Mid America offers a variety of services to support individual children and their families. The Mentoring program offers individual counseling for children and adolescents up to age 21. In 2010, the program reached 30 adolescents with therapeutic mentoring. The Children's Foundation also provides support to parents. The Parent Aid program works with parents in need of support and provided counseling for 7 people in 2010. Additionally, psychiatric therapy was provided to 14 children in 2010 through the outpatient program. This program implements the latest methods of play therapy. Many of the parents seen by Children's Foundation staff are single teen mothers who do not know how to take care of a baby.

Children's Foundation of Mid America: Mentoring		
Target Population	Services Provided	Number Reached in 2010
The target population is any child from birth to 21 years of age.	This service provides therapeutic mentoring to families who need guidance.	30

Children's Foundation of Mid America: Parent Aid		
Target Population	Services Provided	Number Reached in 2010
Parents of children with mental illness.	In home assessment and support.	7

Children's Foundation of Mid America: Outpatient Therapy		
Target Population	Services Provided	Number Reached in 2010
Children in need.	Outpatient counseling services.	17

### **Gap in Individual, Group and Family Counseling Services in Boone County**

The gap in counseling services is demonstrated through the number of children turned away, the additional unmet needs identified by providers and the extended wait period. There were 357 children and families unable to receive counseling services at the time of request. Many providers identified the need for additional mental health services for very young children; specifically psychiatric services, therapeutic groups for children lacking social skill and children with trauma histories, early childhood intervention and assessment. In addition, providers expressed concern over the length of time it takes to be seen by a counselor. In some cases the wait is a minimum of three months. When a family or an individual is going through a difficult time, any waiting period is felt by providers to be unacceptable. What is more, the paper work and wait time can be difficult to navigate. Providers like Burrell Behavioral Health have found that children who do not have insurance/MC+ are less likely to surface for an appointment if there is paper work and a waiting period involved. The number of children turned away, the additional unmet needs identified by providers and the extended wait time between request for service and first appointment demonstrate the need for service expansion in Boone County.

### **Cost to Fill the Gap in Individual, Group and Family Counseling Services**

To fill the gap and serve the 357 children and youth unable to receive services at the time of request, it would cost approximately \$235,040, (NUMBER TURNED AWAY) X (AVERAGE NUMBER OF UNITS OF SERVICE) X (COST PER UNIT OF SERVICE). This only includes service delivery costs. Expansion of facilities would incur construction costs as well as costs for additional supplies. Expansion of services to decrease the waiting period for treatment would incur costs associated with hiring additional staff and program implementation overhead.

## Recommendations

Service Category	Gaps in services	Youth turned away from services <sup>1</sup>	Minimum Cost of Need <sup>2</sup>
Temporary Shelter	Children turned away, additional unmet needs identified by providers	64	\$236,576 <sup>3</sup>
Respite Care	Children turned away, additional unmet needs identified by providers	20	\$93,600
Services to Unwed Teen mothers	Children turned away, additional unmet needs identified by providers	138	\$155,112
Outpatient Substance Abuse Treatment	Children turned away, waiting periods, additional unmet needs identified by providers	20	\$261,415
Outpatient Psychiatric Services	Children turned away, waiting periods, additional unmet needs identified by providers	-	\$477,250
Transitional Living	Children turned away, additional unmet needs identified by providers	65	\$1,145,200
Crisis Intervention	Unmet needs identified by providers	-	\$60,000
School-Based Prevention		245	\$732,494
Home-Based and School-Based Family Intervention	Children turned away, additional unmet needs	25	\$351,000
Counseling and Therapy	Children turned away, waiting periods, additional unmet needs identified by providers	357	\$235,040
<i>Subtotals</i>			<i>\$3,747,687</i>
<i>Total (Including 5% for administration costs)</i>			<i>\$3,935,071</i>
<sup>1</sup> Only accounts for the number of people recorded as being “turned away” from services			
<sup>2</sup> Includes direct costs to serve those turned away, the costs of employing staff to expand an existing program and the cost of continuing a grant funded program after the grant ends			
<sup>3</sup> This does not reflect the cost of hiring a licensed staff to provide mental health care			

## **APPENDIX A: List of Agencies**

1. Adventure Club
2. Big Brothers Big Sisters
3. Boone County Juvenile Office
4. Boys and Girls Club
5. Boys and Girls Town
6. Burrell Behavioral Health
7. Children's Foundation of Mid America
8. CASA
9. Columbia/Boone County Public Health and Human Services
10. Coyote Hill Christian Children's Home
11. Family Counseling Center
12. Family Health Center
13. First Chance for Children
14. Lutheran Family and Children's Service
15. Missouri Psychiatric Center: Outpatient Clinic
16. University of Missouri Psychological Service Clinic
17. Pathways Community Behavioral Healthcare
18. Phoenix Programs
19. Preferred Family Healthcare
20. Rainbow House
21. The Shelter/True North

## APPENDIX B: Provider Survey Tool

Agency Name:

Please provide the following information for each qualified<sup>7</sup> program in 2010  
(Copy this section for each additional program)

Program name:

Service(s) provided:

Description of target population<sup>8</sup>:

# of requests for services:

# of children reached:

# of eligible children turned away<sup>9</sup>:

Average # of service units per client/consumer

Single unit price

---

<sup>7</sup> Crisis intervention services, temporary shelter services, transitional living services, school-based prevention services, home-based and school-based intervention services, outpatient psychiatric treatment, outpatient substance abuse treatment, individual, group & family counseling services, services for pregnant teens and respite care services.

<sup>8</sup> What makes your target population unique relative to the general child population?

<sup>9</sup> Put on a waiting list for an unusual amount of time, referred to another agency **for the same service**, encouraged to check back another time

**List the types of services you most often refer people to:**

--

**Strengths of your programs**

--

**Threats to funding**

--

**Other services or target populations of children not currently being served or underserved within the County boundaries**

--

**Additional comments**

--

**Your email Address:**

--

## APPENDIX C: Data Collection Plan

Data	Tool
Primary Data	
Services provided	Provider Survey
Description of target population	
# service requests	
# children reached	
# of eligible children turned away	
Capacity	
Average # service units	
Cost per unit of service	
Referrals	
Strengths	
Threats to funding	
Other unmet needs	
Secondary Data	
Shelters	
Active missing juveniles	MO State Highway Patrol
Domestic Violence Rates	
Juvenile Arrests	
Referrals on minors for runaway juvenile status offenses	State of Missouri 13 <sup>th</sup> Judicial Circuit
Total referrals on minors for juvenile status offenses	
Domestic Violence Cases	Boone County Sheriff’s Office and Columbia DOVE Unit
Referrals on minors for status offense rate	Kids Count
Respite Care	
Number of hotline calls for suspected child abuse	Boone county Children’s Division
Number of abuse and neglect cases substantiated	Missouri Child Abuse and Neglect Annual Reports
Number of families assigned for Family Assessment services	
Services to Unwed Mothers	
Number of live births	Kids Count
Infant mortality	
% low birth rate	Missouri Information Community Assessment
Outpatient SA Treatment Services	
30 day use	Missouri Student Survey
Student perception of right or wrong	
Perception of harm	
Outpatient Psych Services	
Number of children with MC+	Kids Count
% of youth population suffering from serious emotional disturbance	
Transitional Living Services	
Homeless students	Department of Elementary and Secondary Education- Homeless Census



Youth aging out of foster care	Missouri Children’s Division Annual Reports
Crisis Intervention	
Suicides	Missouri Student Survey
Suicide related death	Missouri Information Community Assessment, Death
School-Based Prevention Services	
Dropout rates	Missouri Department of Elementary and Secondary Education
Discipline Incidents	
Home-Based and School based Intervention Services	
Children in foster care	Kids Count
Child hospitalizations due to mental illness	Missouri Information Community Assessment, Inpatient Hospitalization